

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

AMANDA DEL TORO, DANIEL
WERNER, JENNIFER MCGREGOR-
HALSTEAD, JOSHUA CHROMICK, AND
ALL OTHERS SIMILARLY SITUATED,

Plaintiffs,

v.

CENTENE MANAGEMENT
COMPANY, LLC,

Defendant.

Civil Action No. 4:19-cv-02635

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THEIR MOTION FOR STEP-ONE NOTICE PURSUANT TO THE FAIR LABOR
STANDARDS ACT**

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EXHIBIT A

(PART ONE)

RN Care Manager II

SUPERIOR HEALTHPLAN

Lubbock, Texas

[Apply Now](#)

As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

Candidate
FEEDBACK
[...]

What does it take?

What are the qualities that will help you achieve success in this role at Centene?

Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can time.

Responsibilities

Job ID 1155575

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
- Utilize assessment skills and discretionary judgment to develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs and promote desired outcomes
- Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients

- Provide patient and provider education
- Facilitate member access to community based services
- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources.
- Case load will reflect heavier weighting of complex cases than Care Manager I, commensurate with experience
- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Candidate
FEEDBACK
[...]

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

Texas Requirements:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing or case management experience in a clinical, acute care, managed care or community setting. 2+ years experience working with people with disabilities and vulnerable populations who have chronic or complex conditions in a managed care environment. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs. Other state specific requirements may apply.

Licenses/Certifications: Current state's RN license.

For New Hampshire Healthy Families: Candidates with active RN license in good standing in other states than NH, must obtain the NH RN equi within 90 days of hire. Active driver's license in good standing preferred. CCM preferred.

For Arizona Complete Health - Complete Care plan:

Pediatrics assignments require 2+ years' RN experience in pediatrics (clinical acute care, community or managed care setting) and 1+ year experience in care management

Obstetrics (OB) assignments require 2+ years' RN experience in OB (clinical, acute, community or managed care setting) and 1+ year experience in care management

Licenses/Certifications: Current state's RN license.

Candidate
FEEDBACK
[...]

For Buckeye Community Health Plan:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management or utilization experience in a managed care setting.

Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

For Michigan Complete Health: Licensed registered nurse; licensed nurse practitioner; licensed physician's assistant. Valid driver's license required.

Centene is an equal opportunity employer that is committed to diversity, and values the ways in which we are different. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, veteran status, or other characteristic protected by applicable law.

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Responsibilities

Job ID 1157641

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

*This position is 75%+ in the field seeing members in their homes in the South Dallas County area

*Bilingual Highly preferred



Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options

- Utilize assessment skills and discretionary judgment to develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs and promote desired outcomes
- Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients
- Provide patient and provider education
- Facilitate member access to community based services
- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources.
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- Direct care to participating network providers

- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed

Candidate
FEEDBACK
[...]

Qualifications:

*This position is 75%+ in the field seeing members in their homes in the South Dallas County area

*Bilingual Highly preferred

Licenses/Certifications: Current state's RN license.

Texas Requirements:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing or case management experience in a clinical, acute care, managed care or community setting. 2+ years experience working with people with disabilities and vulnerable populations who have chronic or complex conditions in a managed care environment. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs. Other state specific requirements may apply.

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Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can time.

Responsibilities

Job ID 1156811

Additional Locations Arkansas,Arkansas,US

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care

This role will be located in the Springdale area. It will be a remote position (candidate must live in the area). There will be some visits to PCP office, hospital, and possible home visits in the area.

Duties will include the following: Transition of care for all Medical Hospital admission, DC planning with all Behavioral Health admissions prior to DC, Complete Health Risk Screenings, Assist with scheduling appointments for any care gaps that need addressing.

Develop, assess and adjust, as necessary, the care plan and promote desired outcome

Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options

Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and

non-medical staff as necessary to meet the complete medical socio economic needs of clients

Develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs

Provide patient and provider education

Facilitate member access to community based services

Monitor referrals made to community based organizations, medical care and other services to

support the members' overall care management plan

Actively participate in integrated team care management rounds

Identify related risk management quality concerns and report these scenarios to the appropriate resources

Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems

For LTSS - 30% travel to perform home visits to members

For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Qualifications:

This role will be located in the Springdale area. It will be a remote position (candidate must live in the area). There will be some visits to PCP office, hospital, and possible home visits in the area. Duties will include the following: Transition of care for all Medical Hospital admission, DC planning with all Behavioral Health admissions prior to DC, Complete Health Risk Screenings, Assist with scheduling appointments for any care gaps that need addressing.

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting. Knowledge of healthcare and managed care preferred.

Licenses/Certifications: Current state's RN license.

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Candidate
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Responsibilities

Job ID 1156794

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
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- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Candidate
FEEDBACK
[...]

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

Texas Requirements:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing or case management experience in a clinical, acute care, managed care or community setting. 2+ years experience working with people with disabilities and vulnerable populations who have chronic or complex conditions in a managed care environment. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs. Other state specific requirements may apply.

Licenses/Certifications: Current state's RN license.

For New Hampshire Healthy Families: Candidates with active RN license in good standing in other states than NH, must obtain the NH RN equi within 90 days of hire. Active driver's license in good standing preferred. CCM preferred.

For Arizona Complete Health - Complete Care plan:

Pediatrics assignments require 2+ years' RN experience in pediatrics (clinical acute care, community or managed care setting) and 1+ year experience in care management
Obstetrics (OB) assignments require 2+ years' RN experience in OB (clinical, acute, community or managed care setting) and 1+ year experience in care management

Licenses/Certifications: Current state's RN license.

For Buckeye Community Health Plan:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management or utilization experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience wi

medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

For Michigan Complete Health: Licensed registered nurse; licensed nurse practitioner; licensed physician's assistant. Valid driver's license required.

For North Carolina only: Care Managers, this individual shall be responsible for conducting all functions and activities of the care management program and serve as the lead for each care management teams.

- Must reside in North Carolina
- Must be licensed practitioners
- Must be supervised by an RN, LCSW, or psychologist with trauma-based experience and training.
- Note: Care Manager for medical services is a NC - Licensed Registered Nurse in good standing. Care Manager for BH services in NC - Licensed LCSW in good standing.

Behavioral Health (BH) Managers and Full-Time BH Staff: These individuals shall be responsible for integrating into the clinical and care management teams to ensure Member's behavioral health needs are fully integrated into the service delivery system.

- Must reside in North Carolina
- Experience working in behavioral health managed care and clinical setting
- Licensed behavioral health professional practicing within their scope

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Care Manager I (RN)

PEACH STATE HEALTH PLAN

Smyrna, Georgia

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities one person at a time.

Candidate
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What does it take?

What are the qualities that will help you achieve success in this role at Centene?

Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.

Responsibilities

Job ID 1155362

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects medical and supporting services across the continuum of care for select members to promote quality, cost effective care

Develop, assess and adjust, as necessary, the care plan and promote desired outcome

Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options

Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients

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Provide patient and provider education

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Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan

Actively participate in integrated team care management rounds

Identify related risk management quality concerns and report these scenarios to the appropriate resources

Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems

For LTSS - 30% travel to perform home visits to members

For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Candidate
FEEDBACK
[...]

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting. Knowledge of healthcare and managed care preferred.

Licenses/Certifications: Current state's RN license.

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Candidate
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Care Manager I (RN)

ENVOLVE

Linthicum Heights, Maryland

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

Candidate
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Responsibilities

Job ID 1155974

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care

Develop, assess and adjust, as necessary, the care plan and promote desired outcome

Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options

Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients

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Provide patient and provider education

Facilitate member access to community based services

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Actively participate in integrated team care management rounds

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Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems

For LTSS - 30% travel to perform home visits to members

For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Candidate
FEEDBACK
[...]

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting. Knowledge of healthcare and managed care preferred.

Licenses/Certifications: Current state's RN license. Valid driver's license and proof of car insurance.

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Candidate
FEEDBACK
[...]

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See what's near our Linthicum Heights location.

[View Map](#)

Responsibilities

Job ID 1152089

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
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- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required



Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Candidate
FEEDBACK
[...]

Licenses/Certifications: Current state's RN license.

For Michigan Complete Health: Licensed registered nurse; licensed nurse practitioner; licensed physician's assistant. Valid driver's license required.

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Check out this location

See what's near our Troy location.

[View Map](#)

Responsibilities

Job ID 1156607

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
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Candidate
FEEDBACK
[...]

- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

Texas Requirements:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing or case management experience in a clinical, acute care, managed care or community setting. 2+ years experience working with people with disabilities and vulnerable populations who have chronic or complex conditions in a managed care environment. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs. Other state specific requirements may apply.

Licenses/Certifications: Current state's RN license and valid driver's license required.

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Candidate
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Care Manager II (RN) (OB or NICU)

ABSOLUTE TOTAL CARE

North Charleston, South Carolina, Columbia, South Carolina

Apply Now

As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?

Candidate
FEEDBACK
[...]

Clinical & Nursing Opportunities at Centene

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Responsibilities

Job ID 1153595

Additional Locations Columbia, South Carolina, US

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
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Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

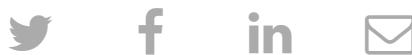
Licenses/Certifications: Current state's RN license.

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Candidate
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Behavioral Case Mgr

HEALTH NET OF CALIFORNIA

Fresno, California, Rancho Cordova, California, Sacramento, California

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?



Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.

Responsibilities

Job ID 1135866

Additional Locations Rancho Cordova, California, US; Sacramento, California, US

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform duties related to the day to day operations of the Integrated Case Management functions to include working with members identified as high risk to identify needs and goals to achieve empowerment and improved quality of life for both behavioral and physical health issues. Assess members' current functional level and, in collaboration with the member, develop and monitor the Case Management Care Plan, monitor quality of care; assisting with discharge planning, participating in special clinical projects and communicate with departmental and plan administrative staff to facilitate daily operations of the Integrated Case Management functions. Collaborate with both medical and behavioral providers to ensure optimal care for members.

- Work telephonically with patients identified as high risk, for both behavioral and physical health issues, and their providers to identify needs, set goals and implement action steps towards achieving goals. Empower patients to help them improve their quality of life and ensure an integrated approach to address complex issues.
- Understand and comply with NCQA guidelines and HEDIS measures.
- Comply with established referral, pre-certification and authorization policies, procedures and processes by related Medical Management staff.

Qualifications:

Education/Experience: Master's degree in behavioral health and an unrestricted license as a L

LMFT or LPC, or a PhD, PsyD or RN. 3+ years of case and/or utilization management experience. Experience in psychiatric and medical health care settings. Working knowledge of mental health community resources.

** LCSW, LMFT, LPCC highly preferred **

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Care Manager II (RN) - SNC

ILLINICARE HEALTH PLAN

Quincy, Illinois

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

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Clinical & Nursing Opportunities at Centene

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Responsibilities

Job ID 1154508

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
- Utilize assessment skills and discretionary judgment to develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs and promote desired outcomes
- Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients
- Provide patient and provider education
- Facilitate member access to community based services
- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources.

- Case load will reflect heavier weighting of complex cases than Care Manager I, commensurate with experience
- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

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Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

Experience with special needs children highly preferred.

Centene is an equal opportunity employer that is committed to diversity, and values the ways in which we are different. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, veteran status, or other characteristic protected by applicable law.

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Responsibilities

Job ID 1155468

Additional Locations Oxford, Mississippi, US

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care

Develop, assess and adjust, as necessary, the care plan and promote desired outcome

Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options

Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients

Develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs

Provide patient and provider education

Facilitate member access to community based services

Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan

Actively participate in integrated team care management rounds

Identify related risk management quality concerns and report these scenarios to the appropriate resources

Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems

For LTSS - 30% travel to perform home visits to members

For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting. Knowledge of healthcare and managed care preferred.

Licenses/Certifications: Current state's RN license.

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Centene is an equal opportunity employer that is committed to diversity, and values the ways in which we are different. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, veteran status, or other characteristic protected by applicable law.

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Responsibilities

Job ID 1156532

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care

Develop, assess and adjust, as necessary, the care plan and promote desired outcome

Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options

Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients

Develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs

Provide patient and provider education

Facilitate member access to community based services

Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan

Actively participate in integrated team care management rounds

Identify related risk management quality concerns and report these scenarios to the appropriate resources

Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems

For LTSS - 30% travel to perform home visits to members

For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting. Knowledge of healthcare and managed care preferred.

Licenses/Certifications: Current state's RN license.



For New Hampshire and Massachusetts: Candidates with RN license in good standing in other states than NH, must obtain a NH RN within 90 days of hire. Active driver's license in good standing preferred.

For Arizona Complete Health - Complete Care Plan:

Obstetrics (OB) assignments require RN experience in OB (clinical, acute care, community)

Pediatric assignments require RN experience in pediatrics (clinical, acute care, community)

For Michigan Complete Health: Licensed RN; licensed nurse practitioner, licensed physician's assistant. Valid driver's license required.

LTSS Requirements:

Valid driver's license and proof of car insurance.

For North Carolina only: Care Managers, this individual shall be responsible for conducting all functions and activities of the care management program and serve as the lead for each care management teams.

- Must reside in North Carolina
- Must be licensed practitioners
- Must be supervised by an RN, LCSW, or psychologist with trauma-based experience and training.
- Note: Care Manager for medical services is a NC - Licensed Registered Nurse in good standing. Care Manager for BH services in NC - Licensed LCSW in good standing.

Behavioral Health (BH) Managers and Full-Time BH Staff: These individuals shall be responsible for integrating into the clinical and care management teams to ensure Member's behavioral health needs are fully integrated into the service delivery system.

- Must reside in North Carolina
- Experience working in behavioral health managed care and clinical setting
- Licensed behavioral health professional practicing within their scope

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Responsibilities

Job ID 1156391

Additional Locations Texas,Texas,US

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
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- Provide patient and provider education
- Facilitate member access to community based services
- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources.
- Case load will reflect heavier weighting of complex cases than Care Manager I, commensurate with experience
- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required



Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

Texas Requirements:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing or case management experience in a clinical, acute care, managed care or community setting. 2+ years experience working with people with disabilities and vulnerable populations who have chronic or complex conditions in a managed care environment. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs. Other state specific requirements may apply.

Licenses/Certifications: Current state's RN license.

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Care Manager II (RN)

SUNSHINE STATE HEALTH PLAN

Sunrise, Florida

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What does it take?

What are the qualities that will help you achieve success in this role at Centene?

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Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.

Responsibilities

Job ID 1154823

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
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- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources.
- Case load will reflect heavier weighting of complex cases than Care Manager I, commensurate with experience

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- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

Texas Requirements:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing or case management experience in a clinical, acute care, managed care or community setting. 2+ years experience working with people with disabilities and vulnerable populations who have chronic or complex conditions in a managed care environment. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs. Other state specific requirements may apply.

Licenses/Certifications: Current state's RN license.

For New Hampshire Healthy Families: Candidates with active RN license in good standing in other states than NH, must obtain the NH RN equi within 90 days of hire. Active driver's license in good standing preferred. CCM preferred.

For Arizona Complete Health - Complete Care plan:

Pediatrics assignments require 2+ years' RN experience in pediatrics (clinical acute care, community or managed care setting) and 1+ year experience in care management
Obstetrics (OB) assignments require 2+ years' RN experience in OB (clinical, acute, community

Candidate
FEEDBACK
[...]

managed care setting) and 1+ year experience in care management

Licenses/Certifications: Current state's RN license.

For Buckeye Community Health Plan:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management or utilization experience in a managed care setting.

Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

For Michigan Complete Health: Licensed registered nurse; licensed nurse practitioner; licensed physician's assistant. Valid driver's license required.

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Behavioral Case Mgr

ILLINICARE HEALTH PLAN

Chicago, Illinois, Illinois

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?

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Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.

Responsibilities

Job ID 1155668

Additional Locations Illinois, Illinois, US

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform duties related to the day to day operations of the Integrated Case Management functions to include working with members identified as high risk to identify needs and goals to achieve empowerment and improved quality of life for both behavioral and physical health issues. Assess members' current functional level and, in collaboration with the member, develop and monitor the Case Management Care Plan, monitor quality of care; assisting with discharge planning, participating in special clinical projects and communicate with department and plan administrative staff to facilitate daily operations of the Integrated Case Management functions. Collaborate with both medical and behavioral providers to ensure optimal care for members.

- Work telephonically with patients identified as high risk, for both behavioral and physical health issues, and their providers to identify needs, set goals and implement action steps towards achieving goals. Empower patients to help them improve their quality of life and ensure an integrated approach to address complex issues.
- Understand and comply with NCQA guidelines and HEDIS measures.
- Comply with established referral, pre-certification and authorization policies, procedures and processes by related Medical Management staff.

Qualifications:

Education/Experience: Master's degree in behavioral health and an unrestricted license as a LPN, LMFT or LPC, or a PhD, PsyD or RN. 3+ years of case and/or utilization management experience

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Experience in psychiatric and medical health care settings. Working knowledge of mental health community resources.

License/Certification: Unrestricted license as a LCSW, LMHC, LMSW LMFT, LPC, PhD, PsyD or RN license in applicable state.

Centene is an equal opportunity employer that is committed to diversity, and values the ways in which we are different. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, veteran status, or other characteristic protected by applicable law.

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Care Manager II (RN)

TRILLIUM COMMUNITY HEALTH PLAN

Tigard, Oregon

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

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What does it take?

What are the qualities that will help you achieve success in this role at Centene?

Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.

Responsibilities

Job ID 1152793

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
- Utilize assessment skills and discretionary judgment to develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs and promote desired outcomes
- Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients
- Provide patient and provider education
- Facilitate member access to community based services
- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources.
- Case load will reflect heavier weighting of complex cases than Care Manager I, commensurate with experience



- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

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Licenses/Certifications: Current state's RN license.

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Behavioral Case Mgr - SNC

ILLINICARE HEALTH PLAN

Peoria, Illinois

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

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What does it take?

What are the qualities that will help you achieve success in this role at Centene?

Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.

Responsibilities

Job ID 1154523

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform duties related to the day to day operations of the Integrated Case Management functions to include working with members identified as high risk to identify needs and goals to achieve empowerment and improved quality of life for both behavioral and physical health issues. Assess members' current functional level and, in collaboration with the member, develop and monitor the Case Management Care Plan, monitor quality of care; assisting with discharge planning, participating in special clinical projects and communicate with departmental and plan administrative staff to facilitate daily operations of the Integrated Case Management functions. Collaborate with both medical and behavioral providers to ensure optimal care for members.

- Work telephonically with patients identified as high risk, for both behavioral and physical health issues, and their providers to identify needs, set goals and implement action steps towards achieving goals. Empower patients to help them improve their quality of life and ensure an integrated approach to address complex issues.
- Understand and comply with NCQA guidelines and HEDIS measures.
- Comply with established referral, pre-certification and authorization policies, procedures and processes by related Medical Management staff.

Qualifications:

Education/Experience: Master's degree in behavioral health and an unrestricted license as a LMFT or LPC, or a PhD, PsyD or RN. 3+ years of case and/or utilization management experience.

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Experience in psychiatric and medical health care settings. Working knowledge of mental health community resources.

License/Certification: Unrestricted license as a LCSW, LMHC, LMSW LMFT, LPC, PhD, PsyD or RN license in applicable state.

Experience working with special needs children preferred.

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Care Manager I (RN)

BUCKEYE COMMUNITY HEALTH PLAN

Akron, Ohio, Ohio

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities one person at a time.

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What does it take?

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Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.

Responsibilities

Job ID 1154311

Additional Locations Ohio,Ohio,US

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects medical and supporting services across the continuum of care for select members to promote quality, cost effective care

Develop, assess and adjust, as necessary, the care plan and promote desired outcome

Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options

Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients

Develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs

Provide patient and provider education

Facilitate member access to community based services

Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan

Actively participate in integrated team care management rounds

Identify related risk management quality concerns and report these scenarios to the appropriate resources

Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems

For LTSS - 30% travel to perform home visits to members

For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

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Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting. Knowledge of healthcare and managed care preferred.

Licenses/Certifications: Current state's RN license.

LTSS Requirements:

Valid driver's license and proof of car insurance.

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Behavioral Case Mgr- Field

SUPERIOR HEALTHPLAN

San Antonio, Texas

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?

Candidate
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Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.

Responsibilities

Job ID 1155677

Category Clinical & Nursing

Schedule Full-time

Description:

This position is field based and would see members in their homes, residential facilities, hospitals, or in the community. This role requires up to 75% travel which can be anywhere inside Loop 1604.

Position Purpose: Perform duties related to the day to day operations of the Integrated Case Management functions to include working with members identified as high risk to identify needs and goals to achieve empowerment and improved quality of life for both behavioral and physical health issues. Assess members' current functional level and, in collaboration with the member, develop and monitor the Case Management Care Plan, monitor quality of care; assisting with discharge planning, participating in special clinical projects and communicate with department and plan administrative staff to facilitate daily operations of the Integrated Case Management functions. Collaborate with both medical and behavioral providers to ensure optimal care for members.

Work face to face and telephonically with patients identified as high risk, for both behavioral and physical health issues, and their providers to identify needs, set goals and implement action steps towards achieving goals. Empower patients to help them improve their quality of life and ensure an integrated approach to address complex issues.

Understand and comply with NCQA guidelines and HEDIS measures.

Comply with established referral, pre-certification and authorization policies, procedures and processes by related Medical Management staff.

Qualifications:

This position is field based and would see members in their homes, residential facilities, hospitals, or in the community. This role requires up to 75% travel which can be anywhere inside Loop 1604.

Education/Experience: Master's degree in behavioral health and an unrestricted license as a LCSW, LMFT or LPC, or a PhD, PsyD or RN. 3+ years of case and/or utilization management experience. Experience in psychiatric and medical health care settings. Working knowledge of mental health community resources.

License/Certification: Unrestricted license as a LCSW, LMSW LMFT, LPC, PhD, PsyD or RN license in applicable state.

Centene is an equal opportunity employer that is committed to diversity, and values the ways in which we are different. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, veteran status, or other characteristic protected by applicable law.

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Pediatrics Care Manager II (RN) - Field

SUPERIOR HEALTHPLAN

Texas, McAllen, Texas

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?

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Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.

Responsibilities

Job ID 1155578

Additional Locations McAllen,Texas,US

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
- Utilize assessment skills and discretionary judgment to develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs and promote desired outcomes
- Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients
- Provide patient and provider education
- Facilitate member access to community based services
- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources.
- Case load will reflect heavier weighting of complex cases than Care Manager I, commensurate with experience



- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
- Travel is required

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

Texas Requirements:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing or case management experience in a clinical, acute care, managed care or community setting. 2+ years experience working with people with disabilities and vulnerable populations who have chronic or complex conditions in a managed care environment. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs. Other state specific requirements may apply.

Licenses/Certifications: Current state's RN license.

Superior Health Plan - Candidates must have active current state's RN license and 2+ years' RN experience in pediatrics or obstetrics in clinical acute care, community, or managed care setting AND 1+ year experience in care management

Licenses/Certifications: Current state's RN license and valid driver's license required.

Centene is an equal opportunity employer that is committed to diversity, and values the ways in which we are different. All qualified applicants will receive consideration for employment with



Behavioral Case Mgr - SNC

ILLINICARE HEALTH PLAN

Rock Island, Illinois

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

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What does it take?

What are the qualities that will help you achieve success in this role at Centene?

Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.



Responsibilities

Job ID 1154521

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform duties related to the day to day operations of the Integrated Case Management functions to include working with members identified as high risk to identify needs and goals to achieve empowerment and improved quality of life for both behavioral and physical health issues. Assess members' current functional level and, in collaboration with the member, develop and monitor the Case Management Care Plan, monitor quality of care; assisting with discharge planning, participating in special clinical projects and communicate with departmental and plan administrative staff to facilitate daily operations of the Integrated Case Management functions. Collaborate with both medical and behavioral providers to ensure optimal care for members.

- Work telephonically with patients identified as high risk, for both behavioral and physical health issues, and their providers to identify needs, set goals and implement action steps towards achieving goals. Empower patients to help them improve their quality of life and ensure an integrated approach to address complex issues.
- Understand and comply with NCQA guidelines and HEDIS measures.
- Comply with established referral, pre-certification and authorization policies, procedures and processes by related Medical Management staff.

Qualifications:

Education/Experience: Master's degree in behavioral health and an unrestricted license as a LMFT or LPC, or a PhD, PsyD or RN. 3+ years of case and/or utilization management experience.

Experience in psychiatric and medical health care settings. Working knowledge of mental health community resources.

License/Certification: Unrestricted license as a LCSW, LMHC, LMSW LMFT, LPC, PhD, PsyD or RN license in applicable state.

Experience with children with special needs preferred.

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Behavioral Case Manager

IOWA TOTAL CARE

Des Moines, Iowa

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

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What are the qualities that will help you achieve success in this role at Centene?

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Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.

Responsibilities

Job ID 1155950

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform duties related to the day to day operations of the Integrated Case Management functions to include working with members identified as high risk to identify needs and goals to achieve empowerment and improved quality of life for both behavioral and physical health issues. Assess members' current functional level and, in collaboration with the member, develop and monitor the Case Management Care Plan, monitor quality of care; assisting with discharge planning, participating in special clinical projects and communicate with department and plan administrative staff to facilitate daily operations of the Integrated Case Management functions. Collaborate with both medical and behavioral providers to ensure optimal care for members.

- Work telephonically with patients identified as high risk, for both behavioral and physical health issues, and their providers to identify needs, set goals and implement action steps towards achieving goals. Empower patients to help them improve their quality of life and ensure an integrated approach to address complex issues.
- Understand and comply with NCQA guidelines and HEDIS measures.
- Comply with established referral, pre-certification and authorization policies, procedures and processes by related Medical Management staff.

Qualifications:

Education/Experience: Master's degree in behavioral health. 3+ years of case and/or utilization management experience. Experience in psychiatric and medical health care settings. Working

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knowledge of mental health community resources.

For Iowa Total Care: LISW, LMHC, LMFT or RN required

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Care Manager II (RN) - SNC

ILLINICARE HEALTH PLAN

Champaign, Illinois

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

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What are the qualities that will help you achieve success in this role at Centene?





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Responsibilities

Job ID 1154507

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
- Utilize assessment skills and discretionary judgment to develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs and promote desired outcomes
- Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients
- Provide patient and provider education
- Facilitate member access to community based services
- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources.



- Case load will reflect heavier weighting of complex cases than Care Manager I, commensurate with experience
- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

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Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

Experience with Special needs children preferred.

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Field Program Specialist II - Social Work

ILLINICARE HEALTH PLAN

Chicago, Illinois

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What does it take?

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Responsibilities

Job ID 1155910

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose:

- Identify special needs members through the completion of health screens and other resources
- Work with community outreach/member advocates to coordinate member care
- Educate providers and community resources on program components and available support services
- Educate members with special needs to foster compliance with program and positively impact outcomes
- Conduct site visits as appropriate for programs and provide support to other special programs
- Develop and modify care plans in conjunction with member, member's family and managing physician
- Development of plan specific literature and education materials in conjunction with medical director and corporate oversight
- For Michigan Complete Health - home visits required

Qualifications:

Conduct screening and risk assessment interventions per program guidelines. Act as primary liaison for members and staff. Assist with aspects of the member's care, including referrals to community resources.

Education/Experience:

Bachelor's degree in Social Work, Nursing, Health, Behavioral Science or equivalent experience. Master's degree in Social Work preferred. 4+ years of community experience in directly managing and integrating the social/community needs of the members. Experience in a managed care environment or working with people with disabilities and vulnerable populations who have chronic and complex conditions.

License/Certification:

Valid driver's license, except not required for Indiana. RN (Registered Nurse), LCSW (Licensed Certified Social Worker), LPN (Licensed Practical Nurse), Occupational Therapy (OT), Physical Therapy (PT), or LVN (Licensed Vocational Nurse) preferred.

Illinois licensed LCSW, LCPC, or a RN with a behavioral health background preferred.

Candidates residing in the following zip codes preferred:

60623, 60624, 60639, 60641, 60644, 60647, 60674

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Responsibilities

Job ID 1154237

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform duties related to the day to day operations of the Integrated Case Management functions to include working with members identified as high risk to identify needs and goals to achieve empowerment and improved quality of life for both behavioral and physical health issues. Assess members' current functional level and, in collaboration with the member, develop and monitor the Case Management Care Plan, monitor quality of care; assisting with discharge planning, participating in special clinical projects and communicate with department and plan administrative staff to facilitate daily operations of the Integrated Case Management functions. Collaborate with both medical and behavioral providers to ensure optimal care for members.

- Work telephonically with patients identified as high risk, for both behavioral and physical health issues, and their providers to identify needs, set goals and implement action steps towards achieving goals. Empower patients to help them improve their quality of life and ensure an integrated approach to address complex issues.
- Understand and comply with NCQA guidelines and HEDIS measures.
- Comply with established referral, pre-certification and authorization policies, procedures and processes by related Medical Management staff.

Qualifications:

Education/Experience: Master's degree in behavioral health and an unrestricted license as a LCSW, LMFT or LPC, or a PhD, PsyD or RN. 3+ years of case and/or utilization management experience. Experience in psychiatric and medical health care settings. Working knowledge of mental health community resources.

Illinois Licensed RN with behavioral health experience preferred.

License/Certification: Unrestricted license as a LCSW, LMHC, LMSW LMFT, LPC, PhD, PsyD or PNP license in applicable state.

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Care Manager I

HEALTH NET OF CALIFORNIA

Sacramento, California, El Centro, California, Fresno, California

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?



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Responsibilities

Job ID 1154475

Additional Locations El Centro, California, US; Fresno, California, US

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care

- Develop, assess and adjust, as necessary, the care plan and promote desired outcome
- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
- Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients
- Develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs
- Provide patient and provider education
- Facilitate member access to community based services
- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources



- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems



Qualifications:

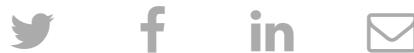
Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in an clinical, acute care, or community setting. Knowledge of healthcare and managed care preferred.

Licenses/Certifications: Current state's RN license.

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Long Term Care Coordinator II

SUNSHINE STATE HEALTH PLAN

Maitland, Florida

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?



Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.



Responsibilities

Job ID 1155975

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Responsible for members gaining access to needed services through coordination and integration of medical and long term care services for the purpose of orientation, care plan development, assessment, and care coordination.

Complete assessments with members, caregivers, or providers to obtain information regarding client status, support system, and need for services for care plan development

Monitor delivery of services and follow-up with members, caregivers, or providers through in person visits and telephonic contact

Authorize and coordinate referral for services

Ensure provider services are delivered without gaps and identify functional deficiencies in plans of care

Assist in coordinating the development of informal or voluntary services to integrate into the member care plan

Collaborate with discharge planners, physicians, and other parties to ensure appropriate discharge plan, care plan, and coordination of acute care and long term care services

Assist member with filing and resolving complaints and appeals

Direct care to participating network providers

Participate in care management committees and work on special projects related to care management as needed

Qualifications:



Education/Experience: Bachelor's degree or Registered Nurse and 3+ years of care management experience, Licensed Practical Nurse and 5+ years of care management experience, or 7+ years of care management experience. Home health, discharge planning, or long term care experience preferred.



Licenses/Certifications: Valid driver's license. LPN or RN preferred.

For Fidelis Care only: NYS RN license required.

Iowa requirements:

Bachelor's degree and 3+ years of case management experience, or RN and 7+ years of case management experience

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Responsibilities

Job ID 1150529

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care

Develop, assess and adjust, as necessary, the care plan and promote desired outcome

Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options

Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients

Develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs

Provide patient and provider education

Facilitate member access to community based services

Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan

Actively participate in integrated team care management rounds

Identify related risk management quality concerns and report these scenarios to the appropriate resources

Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems

For LTSS - 30% travel to perform home visits to members

For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting. Knowledge of healthcare and managed care preferred.

Licenses/Certifications: Current state's RN license.



For New Hampshire: Candidates with RN license in good standing in other states than NH, must obtain a NH RN within 90 days of hire. Active driver's license in good standing preferred.

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Care Manager II (RN) - Field/Remote

SUPERIOR HEALTHPLAN

Texas, Girlstown USA, Texas

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?

Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.

Responsibilities

Job ID 1155770

Additional Locations US,Texas;San Antonio

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
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- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources.
- Case load will reflect heavier weighting of complex cases than Care Manager I, commensurate with experience

- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required



Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Great opportunity for Field RNs in the following Texas Counties: Bexar and surrounding areas.

Field/Remote based position

Candidates must be willing to travel

6-8 weeks of onsite training at any Superior Health location

Licenses/Certifications: Current state's RN license.

Texas Requirements:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing or case management experience in a clinical, acute care, managed care or community setting. 2+ years experience working with people with disabilities and vulnerable populations who have chronic or complex conditions in a managed care environment. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs. Other state specific requirements may apply.

Centene is an equal opportunity employer that is committed to diversity, and values the ways in which we are different. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

Care Manager II (RN) Field/Remote

SUPERIOR HEALTHPLAN
Lubbock, Texas

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?

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Clinical & Nursing Opportunities at Centene

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Responsibilities

Job ID 1155452

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
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- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources.
- Case load will reflect heavier weighting of complex cases than Care Manager I, commensurate with experience

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- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Qualifications:**Texas Requirements:**

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing or case management experience in a clinical, acute care, managed care or community setting. 2+ years experience working with people with disabilities and vulnerable populations who have chronic or complex conditions in a managed care environment. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs. Other state specific requirements may apply.

STAR Kids-IDD Team and IDD Waivers experience preferred.

*****Field position servicing San Angelo area*****

Licenses/Certifications: Current state's RN license.

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Care Manager I (Social Work)

CENTENE CORPORATION

Little Rock, Arkansas

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?



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Responsibilities

Job ID 1153562

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Develop, assess and adjust, as necessary, the care plan and promote desired outcome
- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
- Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients
- Develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs
- Provide patient and provider education
- Facilitate member access to community based services
- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources



- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- For Michigan Complete Health - home visits required

**Qualifications:**

Education/Experience: Bachelor's degree in Social Work. 2+ years of social work experience in an acute care or community setting. Knowledge of government sponsored managed care programs preferred.

Licenses/Certifications: Current state's LMSW or LCSW license.

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Responsibilities

Job ID 1154717

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
- Utilize assessment skills and discretionary judgment to develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs and promote desired outcomes
- Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients
- Provide patient and provider education
- Facilitate member access to community based services
- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds
- Identify related risk management quality concerns and report these scenarios to the appropriate resources.
- Case load will reflect heavier weighting of complex cases than Care Manager I, commensurate with experience
- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Candidate
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Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

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Care Manager I (RN) - SNC

ILLINICARE HEALTH PLAN

Bloomington, Illinois, Colonel P Schulstad United States Army Reserve Center, Illinois

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?

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Clinical & Nursing Opportunities at Centene

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Responsibilities

Job ID 1154488

Additional Locations US,Illinois;Illinois

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care

Develop, assess and adjust, as necessary, the care plan and promote desired outcome

Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options

Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients

Develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs

Provide patient and provider education

Facilitate member access to community based services

Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan

Actively participate in integrated team care management rounds

Identify related risk management quality concerns and report these scenarios to the appropriate resources

Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems



For LTSS - 30% travel to perform home visits to members

For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting. Knowledge of healthcare and managed care preferred. Pediatric experience preferred.

Licenses/Certifications: Current state's RN license.

LTSS Requirements:

Valid driver's license and proof of car insurance.

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Long Term Care Coordinator I

CAROLINA COMPLETE HEALTH

Charlotte, North Carolina

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?

Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help transform the health of our communities, one person at a time.



Responsibilities

Job ID 1152903

Additional Locations US,North Carolina;North Carolina

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Responsible for members gaining access to needed services through coordination and integration of medical and long term care services for the purpose of orientation, care plan development, assessment, and care coordination.

Complete assessments with members, caregivers, or providers to obtain information regarding client status, support system, and need for services for care plan development

Monitor delivery of services and follow-up with members, caregivers, or providers through in person visits and telephonic contact

Authorize and coordinate referral for services

Ensure provider services are delivered without gaps and identify functional deficiencies in plans of care

Assist in coordinating the development of informal or voluntary services to integrate into the member care plan

Collaborate with discharge planners, physicians, and other parties to ensure appropriate discharge plan, care plan, and coordination of acute care and long term care services

Assist member with filing and resolving complaints and appeals

Qualifications:

Education/Experience: Bachelor's degree or Registered Nurse License and 2+ years of care management experience, Licensed Practical Nurse and 4+ years of care management experience or 6+ years of care management experience. Home health, discharge planning, or long term ca

experience preferred.

Licenses/Certifications: Valid driver's license. LPN or RN preferred.

For North Carolina plan: Licensed Practitioner, NC - Licensed Registered Nurse in good standing. NC - Licensed LCSW in good standing. NC - Licensed Behavioral Health professional in good standing.

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Care Manager I (RN)

PENNSYLVANIA HEALTH AND WELLNESS

Harrisburg, Pennsylvania

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As a member of the Centene Medical Management/Health Services team, you'll help innovate and execute strategies that redefine the industry standard for improving the lives and health of people. We're a team of skilled physicians, nurses, pharmacists, social workers and health service experts who use our advanced clinical analytics to implement award winning programs, develop care, deliver partnerships, and work directly with our members to achieve outcomes that set us apart as industry leaders. Together, we're transforming the health of communities, one person at a time.

What does it take?

What are the qualities that will help you achieve success in this role at Centene?

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Clinical & Nursing Opportunities at Centene

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Responsibilities

Job ID 1151636

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care

Develop, assess and adjust, as necessary, the care plan and promote desired outcome

Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options

Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients

Develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs

Provide patient and provider education

Facilitate member access to community based services

Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan

Actively participate in integrated team care management rounds

Identify related risk management quality concerns and report these scenarios to the appropriate resources

Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems

For LTSS - 30% travel to perform home visits to members

For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

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Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting. Knowledge of healthcare and managed care preferred.

Licenses/Certifications: Current state's RN license.

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Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can make a difference in the lives of others.



Responsibilities

Job ID 1154331

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects of medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
- Utilize assessment skills and discretionary judgment to develop plan of care based upon assessment with specific objectives, goals and interventions designed to meet member's needs and promote desired outcomes
- Coordinate services between Primary Care Physician (PCP), specialists, medical providers, and non-medical staff as necessary to meet the complete medical socio economic needs of clients
- Provide patient and provider education
- Facilitate member access to community based services
- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds

- Identify related risk management quality concerns and report these scenarios to the appropriate resources.
- Case load will reflect heavier weighting of complex cases than Care Manager I, commensurate with experience
- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
-



Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

Texas Requirements:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing or case management experience in a clinical, acute care, managed care or community setting. 2+ years experience working with people with disabilities and vulnerable populations who have chronic or complex conditions in a managed care environment. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs. Other state specific requirements may apply.

SUPERIOR HEALTH PLAN - Candidates must active RN license in good standing and requires 2+ years' of clinical RN experience in pediatrics or obstetrics in clinical acute care, community, or managed care settings and 1+ year experience in care management.

Licenses/Certifications: Current state's RN license required.

NOTE: THIS IS AN OFFICE BASED POSITION.

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Clinical & Nursing Opportunities at Centene

Our Clinical team is at the forefront of our purpose-driven work. Learn more about how you can help time.

Responsibilities

Job ID 1152580

Category Clinical & Nursing

Schedule Full-time

Description:

Position Purpose: Perform care management duties to assess, plan and coordinate all aspects medical and supporting services across the continuum of care for select members to promote quality, cost effective care.

- Assess the member's current health status, resource utilization, past and present treatment plan and services, prognosis, short and long term goals, treatment and provider options
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- Provide patient and provider education
- Facilitate member access to community based services
- Monitor referrals made to community based organizations, medical care and other services to support the members' overall care management plan
- Actively participate in integrated team care management rounds

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- Identify related risk management quality concerns and report these scenarios to the appropriate resources.
- Case load will reflect heavier weighting of complex cases than Care Manager I, commensurate with experience
- Enter and maintain assessments, authorizations, and pertinent clinical information into various medical management systems
- Direct care to participating network providers
- Perform duties independently, demonstrating advanced understanding of complex care management principles.
- Participate in case management committees and work on special projects related to case management as needed
- For New Hampshire, Massachusetts, & Michigan Complete Health - home visits required

Qualifications:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience in a clinical, acute care, or community setting and 1+ years of case management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

Licenses/Certifications: Current state's RN license.

Texas Requirements:

Education/Experience: Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing or case management experience in a clinical, acute care, managed care or community setting. 2+ years experience working with people with disabilities and vulnerable populations who have chronic or complex conditions in a managed care environment. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs. Other state specific requirements may apply.

Licenses/Certifications: Current state's RN license.

FOR SUPERIOR HEALTH PLAN: Candidates must have active RN license in good standing and position requires 2+ years' clinical RN experience in pediatrics or obstetrics in clinical acute care setting.



community, or managed care settings and 1+ year experience in care management.

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